

Journey from HBP 1.0 to HBP 2.0



Introduction

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana was started as a step towards the ambitious goal of Universal Health Coverage (UHC) and to protect the economically weaker section of the society from catastrophic health expenditure. The framework for analysis of UHC by the World Health Organization (WHO) identifies the three dimensions of measurement, population coverage, service availability and financial protection. Health Benefit Package (HBP) form the backbone of any the social health insurance scheme, its contents not only define the scope of services but also determine the extent of financial risk protection to the beneficiaries. HBP's are designed to cover diseases with high incidence / prevalence rates and the diseases which contribute to the maximum Out of Pocket (OOP) expenditure.

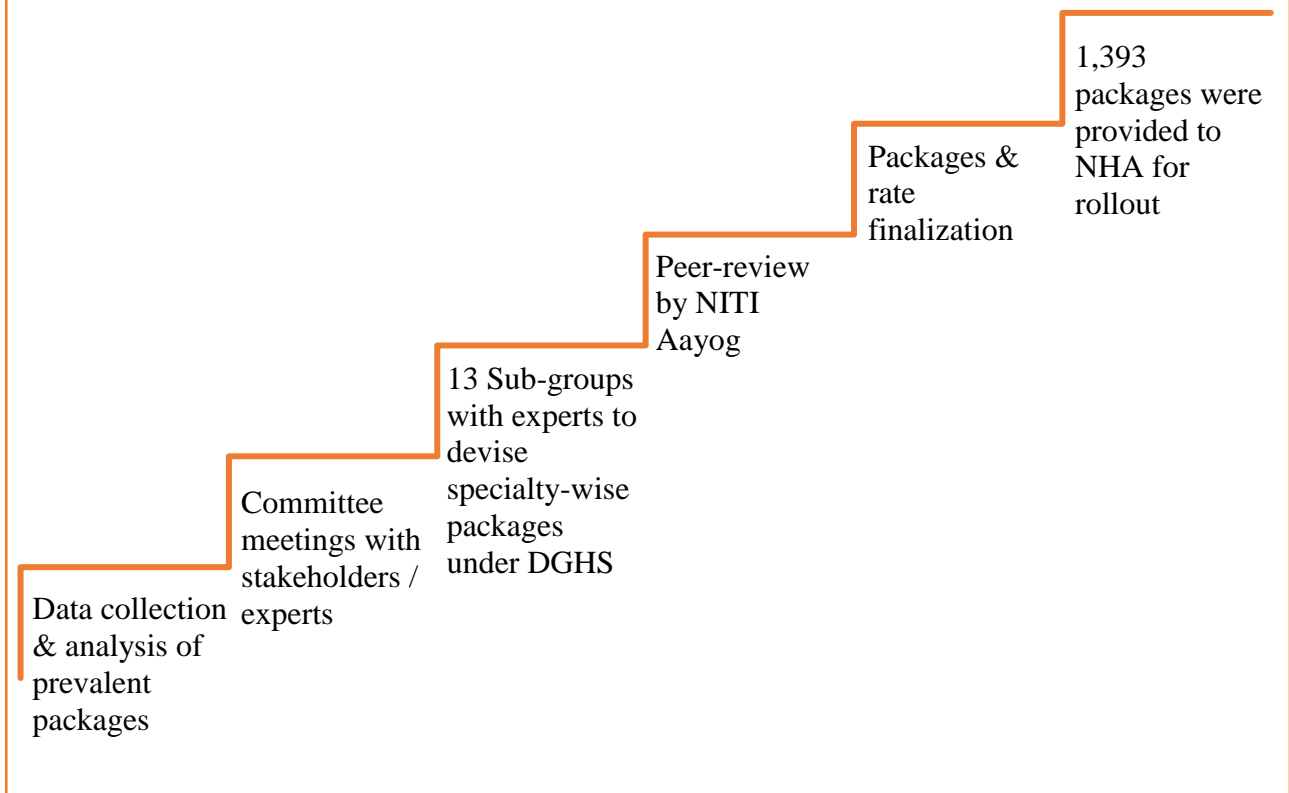
Process of formation of HBP – 1.0

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) was rolled out in 2018, with the HBP (referred to as HBP 1.0 hereafter) as provided by Ministry of Health & Family Welfare (MoHFW). It consisted of a total of 1,393 packages. Broadly, following steps were taken to design the Health Benefit Package Master HBP 1.0:

- Directorate General of Health Services (DGHS) initiated data collection and analysis of prevalent packages throughout the country
- Committees were constituted to deliberate upon the composition of HBP 1.0 and discussions were held with stakeholders and experts
- A total of 13 expert sub – groups were set up to devise specialty wise packages under DGHS

- The draft of HBP 1.0 was peer reviewed by NITI Aayog, after which packages and their corresponding rates were finalized
- A set of 1,393 packages were provided to NHA for rollout

Pictorial depiction of Process adopted for formulating HBP 1.0



Contents of HBP 1.0

HBP 1.0 had 1,393 packages representing 8 Medical specialties and 16 Surgical specialties. One (1) Unspecified Surgical package was included to ensure that there is no denial of treatment because of non-availability of a package. The specialties covered under HBP – 1.0 were as under:

S. No.	Specialty Name	No. of Procedures
1	General Medicine	72
2	Pediatric medical management	102
3	Neo-natal	10
4	Pediatric cancer	38
5	Medical Oncology	52
6	Radiation Oncology	14
7	Emergency Room Packages	4
8	Mental Disorders Packages	17
9	General Surgery	253
10	Plastic & reconstructive	9
11	Burns management	12
12	Cardiology	39
13	Cardio-thoracic & Vascular surgery	92
14	Pediatric surgery	34
15	Surgical Oncology	48
16	Oral and Maxillofacial Surgery	9
17	Otorhinolaryngology	94
18	Ophthalmology	42
19	Obstetrics & Gynecology	79

S. No.	Specialty Name	No. of Procedures
20	Orthopedics	101
21	Polytrauma	12
22	Urology	161
23	Neurosurgery	83
24	Interventional Neuroradiology	15
25	Unspecified Surgical Package	1
Total		1393

Rationale for revision of HBP 1.0

Soon after rollout, NHA started receiving feedback from stakeholders and various other sources on different aspects of AB PM-JAY including HBP 1.0. Majority of the feedback received on HBP could be broadly clubbed under the following heads:

- Package rates offered for many packages were inadequate to cover the cost of procedures
- Duplication of packages was observed both within a single specialty and across specialties
- The terminology used for the nomenclature of packages was inconsistent
- Few of the procedures were overlapping with the ongoing National Health Programs
- Some of the high-end procedures / investigations / drugs are not covered in HBP 1.0
- Due to the non-availability of certain treatments, a lot of procedures were being booked under Unspecified packages

Process of rationalisation of Health Benefit Package

All the above-mentioned concerns were deliberated upon in the first Governing Board meeting of NHA, in the month of April 2019. To address the gross anomalies, a mandate was given to NHA for rationalisation of HBP. For this purpose, 24 Specialist Committees were constituted. A Memorandum of Understanding was inked between NHA and Tata Memorial Hospital (TMH) for the review of Oncology packages.

Department of Health Research (DHR) was conducting a study “Costing of Health Services in India” (CHSI), the data collection from Public sector hospitals for 8 specialties had been completed. DHR agreed to share these interim results with NHA. These results were provided to the specialist committees as an input during deliberations for the rationalisation of HBP pricing (Please see *Annex 1: Inputs provided to the specialist committee and decisions sought*).

The initial steps in the exercise of rationalization of Health Benefit Package (HBP) were carried out using three different processes which are detailed in flow chart – “**Process for rationalization of HBP**”.

Process - I

- 8 Specialist committees (SCs)
- Inputs including CHSI Study data were presented to the SCs
- SCs provided inputs on:
 - Continue / Discontinue package
 - Terminology
 - Implant / High End Consumable and its price (if any)
 - Suggested package rate
 - Justification in case of Discontinuation or some other change

Process - II

- NHA entered into an MoU with Tata Memorial Hospital (TMH)
- TMH followed same procedure as described in Process – I for all Oncology Specialties
- Specialties covered:
 - Medical Oncology
 - Surgical Oncology
 - Radiation Oncology
 - Pediatric Cancer

Process - III

- Specialties not covered under Process – I or Process – II
- Consultation with subject experts from Public Hospitals
- Rationalisation of the package didn't involve change in rates

Review Committee Meeting - 1

State Consultation Workshop & Feedback

Review Committee Meeting - 2

Governing Board Meeting

Following the due procedure, the recommendations were presented to the Governing Board of NHA.

The Governing Board of NHA approved following changes:

- Increase in price of 270 packages
- Decrease in price of 57 packages
- Retain the price of 469 packages at original level
- Introduction of 237 new packages
- Stratification of 43 existing packages
- Discontinuation of 554 existing packages
- To discontinue the packages of Tubectomy and Vasectomy as the services are provided under National Family Welfare Program.
- The packages for Cataract were decided to be continued taking into account the existing disease burden and country's commitment to reduce the prevalence of Cataract blindness.
- It was decided by the Governing Board that the increase in package rates of 270 packages will be moderated by 10%.

Following steps were taken to moderate the increase in rates:

1) *Procedures which do not involve the usage of Implants / High End Consumables:*

- The percentage increase in the price of these procedures was calculated
- This percentage increase was reduced by 10%
- The final procedure price was calculated by adding the moderated percentage increase to the HBP 1.0 procedure price
- The final price so calculated was rounded off to the nearest 100 rupees

2) *Procedures involving the usage of Implants / High End Consumables:*

- The price of Implant / High End Consumable (wherever available) was reduced from the package price of HBP 1.0 & HBP 2.0 (suggested price) to derive the procedure price san Implant / High End Consumable price
- The percentage increase in the price of procedure was calculated
- This percentage increase was reduced by 10%
- The final procedure price was calculated by adding the moderated percentage increase to the HBP 1.0 procedure price
- The final price so calculated was rounded off to the nearest 100 rupees

Note:

- 1) For Procedures involving multiple Implant / High End Consumables options, price moderation was carried out on the basis of the Implant / High End Consumable with the highest price
- 2) Procedures where the Implant / High End Consumable price is more than the package price of HBP 1.0, it was not possible to apply moderation

The Governing Board of NHA had delegated the power to reduce the price of packages to Chief Executive Officer (CEO), NHA. The draft of HBP 2.0 was reviewed again by NHA in light of the utilization patterns and potential for abuse. It was decided to further reduce the price of 2 packages after moderation and 14 packages price was decided to be retained at the price of HBP 1.0.

The approved packages were drafted in the form of a Health Benefit Package master which has been christened HBP 2.0.

New Concepts

In HBP 2.0 some new concepts have been introduced:

- *Cross specialty packages* – There are many packages which fall under the purview of more than one specialty. Earlier the practice was to write the package under every concerned specialty, resulting in unnecessary repetition / duplication. In HBP 2.0 such packages are defined under one specialty and marked as cross specialty package, name of other relevant specialties is mentioned against such procedures, so that it can be used by other relevant specialties also.
- *Packages with multiple procedures* – Some of the packages are actually a group of procedures. For analysis in future, frequency of utilization of individual procedures may be required. Hence, there is a need to capture the different procedure covered under single package separately, so the packages are further divided into the procedures wherever required.
- *Stratified packages* – There are some packages which may involve different treatment modalities for same or similar procedures e.g. type of anesthesia, surgical approach, unilateral / bilateral, etiology etc. The rates of these stratified packages may or may not be same or one of the packages will have an additional treatment modality used along with basic procedure. These kinds of packages are labelled as stratified procedures and the stratification criteria is defined in detail along with financial implications, if any. All the procedures of medicine and allied specialties which have to be reimbursed on per day basis at a rate which is dependent on type of ward in which the patient is admitted have also been stratified based on the type of ward.
- *Price – Static & Dynamic* – The specialist committees have identified the procedures in which an implant / High End Consumable is utilized and provided indicative prices also. These have been configured separately in the IT system. The procedures where there is no variation in the number

and type of implants used in different patients, the price of implant(s) / High end consumables is included in the procedure price are termed as Static procedures.

However, in some procedures, it is not feasible to add the Implant / High End Consumable rate within procedure price due to variability in the number or type of implants used, these procedures have dynamic rates. In these cases, the procedure price does not include the price of implants / High End Consumables. To this procedure price, the price of Implant / High End Consumable will be added over and above the procedure price based on either the actual usage or the maximum capping of Implant / High End Consumable defined (whichever is less).

- *Add – On Packages* – There are certain packages which can be booked with a primary package at a 100% reimbursement contrary to the existing principle of 50% reimbursement of the second package. These packages are defined as Add – On Packages.
- *Stand Alone Packages* – Some packages have been identified as Stand-Alone Packages which means that they cannot be booked with any other package.
- *Follow up Packages* – Some of the procedures require prolonged / multiple follow up beyond the limit of 15 days included in a package. For such procedures, the specialist committees have included some follow – up packages which can be booked only if the history of treatment covered under primary package being undertaken is available. The follow up packages are aligned to their specific primary packages.

Note: For every New Concept described in this section, a few examples have been compiled and given at the end of the document as Annex – 2.

Steps for IT integration of HBP 2.0

After the approvals and compilation, the HBP 2.0 was customized for IT integration. IT customization is a tedious task at the best of times. Here it was more so as a number of new concepts have been introduced in HBP 2.0 and they had to be configured in a way that they become machine readable. A template in the form of Microsoft Excel workbook (Annex – 3) was finalized in consultation with the IT team of NHA.

Specialty sheets were taken up one by one for customization. Steps followed for organising the HBP into the IT template workbook are described in the following table:

Steps	Column Name	Description
Step 1	Specialty	Each procedure was examined individually across all specialties, in case similar or same procedure features in other specialties, this procedure was made a Cross Specialty procedure. All relevant specialties were mapped in a single cell against that procedure, separated by comma, thereby ensuring that the procedure can be booked by any of the mapped specialty. In case a procedure already featured in a previously configured specialty then it was checked whether the specialty being dealt at that time also featured in the list.
Step 2	Specialty Code	A unique alphabetical code comprising of two characters has been assigned to each specialty. The code of primary specialty has been mentioned against each procedure in this column.

Steps	Column Name	Description
Step 3	Package Code	A unique alpha - numeric code comprising of five characters is assigned to each package. The first two alphabets of the package code denote the primary specialty and the subsequent three numbers denote the serial number of packages under the primary specialty. The sequence of packages is aligned according to the organ systems or the type of treatment modality involved.
Step 4	Package Name	Package names as given by the Specialist committee features in this column. Note: You may find the same package name appearing in successive cells under this column. In case of multiple procedures covered under one package, the package name is repeated in this column as many times as the number of procedures.
Step 5	Multiple Procedures	Packages were then examined to assess if they contain a single procedure or multiple procedures. For package containing multiple procedures, the column for multiple procedures is marked as 'Yes' and for packages containing a Single procedure, the column for multiple procedures is marked as 'No'.
Step 6	Procedure Code	A unique alpha - numeric code comprising of six characters, has been assigned to each procedure. The first five characters are the

Steps	Column Name	Description
		same as package code, the last alphabet denotes the position of the procedure within the package.
Step 7	Procedure Name	Nomenclature of some of the procedures have been redefined in lines with the specialist / committee recommendations. In some cases, the complete procedure name may be a combination of package name and procedure name and in others the procedure name will be complete. Also, the names of procedures have been redefined as per requirement during IT customization to avoid duplication in package and procedure name. The package name is repeated in the procedure name column (for most of the cases) in case of single procedure under a package.
Step 8	Price Static	The consolidated price of a procedure including the implants / High End Consumables has been listed as ' <i>Price – Static</i> '. This price is available for the procedures with either no involvement of Implant / High End Consumable or utilization of Implant / High End Consumable in fixed quantities and at a fixed cost are listed under this column. This procedure price is all inclusive, the incentivization will be paid over and above the procedure cost.
Step 9	Price Dynamic	In case of procedures where the price of the procedure can be different depending on the number / type of implants / High End Consumables used, the procedure price has been listed as ' <i>Price –</i>

Steps	Column Name	Description
		<i>Dynamic</i> ’. To this procedure price, the price of Implant / High End Consumable will be added over and above the procedure price based on either the actual usage or the maximum capping of implant defined (whichever is less). In these procedures, the incentivization will be paid over and above the procedure cost only.
Step 10	Stratification Criteria	In this column if there are any stratification criteria applied to the procedure then, a code ‘STRAT...’ is written. This number defines the Stratification criteria applied and has to be looked in the Stratification Master sheet where the stratification criteria along with their financial implications have been detailed.
Step 11	Implants / High End Consumables	If the procedure involves the usage of implant / High end consumables, then in case of the dynamic costing, unique Implant / High End Consumables codes are mapped to the procedures. The details of these Implant / High End Consumable codes are available in the Implant Master sheet along with financial implications.
Step 12	Can more than one type of Implant / High End	In case of procedures involving usage of implants, where more than one type of implant can be used, a Column ‘ <i>Can more than one type of Implant / High End Consumable be booked</i> ’ is marked

Steps	Column Name	Description
	Consumable be booked	'Yes'. This permits the user to book more than one type of Implant for a single procedure as per actual utilization.
Step 13	ICHI / ICD Coding	ICHI / ICD coding is being done for all the procedures featured under HBP 2.0. Once the exercise is complete, ICHI / ICD codes will be mapped to every procedure at the backend.
Step 14	Special Conditions	For procedures where the package selection or claim processing involves any special conditions which are not covered under standard rules, the ' <i>Special Conditions</i> ' column notifies the same with a ' <i>Yes</i> '. For rest of the packages, where standard rules apply, the same is marked as a ' <i>No</i> '. The details of Special Conditions are described in Step 24.
Step 15	Reserved for Public Hospitals	The specialist committee suggested to reserve some of the packages only for public hospitals. Procedures that have been reserved for public hospitals were marked ' <i>Yes</i> ' in the column while the rest were marked ' <i>No</i> '.
Step 16	Reserved for Tertiary Hospitals	The specialist committee suggested to reserve some of the packages only for tertiary care hospitals. Procedures that have been reserved for tertiary care hospitals were marked ' <i>Yes</i> ' in the column while the rest were marked ' <i>No</i> '.
Step 17	Level of Care	All the procedures have been classified based on the Level of Care required i.e. Secondary or Tertiary Care.

Steps	Column Name	Description
Step 18	Length of Stay	The Length of Stay associated with each procedure is mapped against it.
Step 19	Auto Approval	All the procedures which are booked under medical emergencies or have a minimal potential for abuse have been given an Auto approval status. For the rest of the procedures, the pre – authorization approval needs to be taken from the competent authority as per the manual.
Step 20	Mandatory documents – Pre – Authorization	All the documents mandatory for raising a Pre – Authorization are mapped against each procedure.
Step 21	Mandatory documents – Claim processing	All the documents mandatory for processing of claim are mapped against each procedure.
Step 22	Procedure Label	This column details the type of procedure as per the new concepts introduced in HBP 2.0.
Step 23	Pop – Up	This column details the Pop – Ups which will be visible to the PM AM / PPD / CPD during the booking, pre – authorization approval or claim processing of a procedure, wherever applicable.
Step 24	Special Conditions - Details	The details of all the Special Conditions in packages where ever applicable are mapped against the procedures.

Salient Features of HBP 2.0

The rationale for development of HBP 2.0 has been discussed in detail in the relevant section above. By virtue of its inherent features, HBP 2.0 is designed in a manner that it is more user friendly at every level, with inbuilt anti-fraud and cost saving features.

HBP 2.0 is designed while keeping in view the requirements of end user both at the interface of Package selection and claim processing. Below are elaborated some of the salient features of HBP 2.0:

- *User friendly approach*
 - *For Arogya Mitra:*
 - A new User Interface (UI) is being developed with enhanced search capabilities. A single search window will enable the user to search for a key word both in Package and Procedure name. This will ensure a quicker procedure selection process
 - If a procedure is selected from the available options the mapped package will be automatically selected.
 - *For Pre – Authorization processing doctor (PPD):*
 - Various Checks and balances have been introduced at the time of pre – authorization to help the PPD in scrutinizing the pre – authorization applications
 - Rules for sequential booking of procedures have been defined and integrated in the IT system
 - Linking of Follow up procedures with the primary procedure will help in identifying faulty pre – authorization request
 - Defining Standalone procedures will help the PPD to identify those procedures which cannot be booked with other procedures

- *For Claim processing doctor (CPD):*
 - Provision to capture the type and price of implants / High End Consumables and the stratification involved in a procedure will aid streamlining claim processing
 - To check the potential for abuse and overbooking of procedures, cycles, duration and frequency of procedures have been defined, wherever applicable
 - Audit rules have been defined for many procedures to ensure checks over fraudulent cases
- *For SHA / NHA:*
 - The data of HBP utilization obtained will be more granular owing to the monitoring at procedure level and stratification of packages in HBP 2.0
 - By virtue of the coding and grouping at the procedure level, the processing of data will be organized and aid in easier data mining
 - Queries to be run on the backend can be better customized to understand trend analysis and the outcome in the form of Dashboards will yield better details
 - The scientific procedure codes following ICHI and ICD defined in HBP 2.0 will streamline the alignment of State package masters with HBP 2.0
- *Anti-fraud measures*
 - Identification of Stand-Alone procedures will help in preventing unnecessary booking of additional procedures.
 - It was observed that hospitals were resorting to upcoding in some procedures e.g. Appendicectomy and Appendicular Abscess. Prices of these procedures have been kept at same or similar level, to minimize incentive for upcoding.

- In cases where the patient undergoes multiple rounds of treatment, the minimum interval between two consecutive treatment interventions has been configured in the IT system, wherever applicable e.g. Chemotherapy procedures.
- The maximum number of times a procedure can be booked for an individual patient has been integrated in the IT system, wherever applicable
- Implants / High End Consumables usage has been defined at the procedure level where both the type of Implants / High End Consumables and their maximum permissible limit of usage has been detailed out
- *Cost saving features*
 - Incentives now will only be calculated on the procedure price and does not factor in the price of Implants / High End Consumables contrary to the existing practice
 - Procedures which had high utilization as Unspecified Surgical Package in HBP 1.0 have been included as New Packages in HBP 2.0. This has standardised procedure price and will minimise booking of ‘Unspecified surgical packages’
 - Dynamic pricing enables the SHA / NHA to reimburse the cost of procedures on the basis of actual usage of Implants / High End Consumables rather than in multiples of maximum permissible limits of Implants / High End Consumables thereby saving cost
 - Prices for 57 procedures have been reduced in HBP 2.0 from their existing price in HBP 1.0
 - Some of the procedures which were overlapping with the National Health Programs have been discontinued in HBP 2.0 to check double billing to government system

Final Outcome of HBP 2.0

The HBP 2.0 comprises of 23 specialties, the details of which are as under:

S. No.	Specialty	HBP 1.0 Packages	HBP 2.0 Packages	HBP 2.0 Procedures
1	Burns Management	12	6	20
2	Cardiology	39	20	26
3	Cardio-thoracic & Vascular surgery	92	34	113
4	Emergency Room Packages	4	3	4
5	General Medicine	72	76	98
6	General Surgery	253	98	151
7	Interventional Neuroradiology	15	10	15
8	Medical Oncology	52	71	263
9	Mental Disorders Packages	17	10	10
10	Neo-natal care Packages	10	10	10
11	Neurosurgery	83	54	82
12	Obstetrics & Gynecology	79	59	77
13	Ophthalmology	42	40	53
14	Oral and Maxillofacial Surgery	9	7	9
15	Orthopedics	101	71	132
16	Otorhinolaryngology	94	35	78
17	Pediatric Medical management	102	46	65

S. No.	Specialty	HBP 1.0 Packages	HBP 2.0 Packages	HBP 2.0 Procedures
18	Pediatric surgery	34	19	35
19	Plastic & reconstructive Surgery	9	8	12
20	Polytrauma	12	10	21
21	Radiation Oncology	14	14	35
22	Surgical Oncology	48	76	120
23	Urology	161	94	143
24	Unspecified Surgical Package	1	1	1
25	Pediatric Cancer	38	0	0
Total		1393	872	1573

Note:

- 1) All the Pediatric Cancer specialty packages have been included in either Medical Oncology or Surgical Oncology.
- 2) There were proposals for including the specialty of Neurology and Interventional Radiology. Specialist committee for General Medicine had also suggested some new packages to be included. These have been referred to DHR for undertaking costing study in respect to these procedures.

Annex – 1

Inputs provided to the Specialist Committee and decisions sought

1. AB PM – JAY Package Code
2. AB PM – JAY Package Name
3. AB PM – JAY Package Rate
4. CHSI Study Rate
5. CGHS Rate, if available
6. Highest offered rate in any State Scheme
7. Name of the State offering the Highest rate
8. Percentage Rate difference of AB PM – JAY Package rate w.r.t CHSI
9. Utilization in Public Hospitals till the time of meeting
10. Utilization in Private Hospitals till the time of meeting
11. Total Utilization till the time of meeting
12. Average Length of Stay
13. NHA Observations, if any

On the basis of above inputs, specialist committees were requested to give decisions under following heads:

1. Whether to Continue or Discontinue the package from AB PM – JAY
2. Suggested Package terminology
3. Suggested Package Rate
4. Implant Specifications and Price, if any
5. Pre – Authorisation - Auto Approval or not
6. Mandatory documents for Pre – Authorization approval
7. Mandatory documents for Claim processing
8. Remarks, if any

Annex – 2

Examples of New Concepts

Cross Specialty Procedures:

Procedure	Specialty
Acute gastroenteritis with dehydration	General Medicine, Pediatric Medical Management
Urinary Tract infection	General Medicine, Pediatric Medical Management
Gastrectomy	General Surgery, Surgical Oncology
Hypospadias repair	Urology, Pediatric Surgery, Plastic & Reconstructive Surgery

Annex – 2

Examples of New Concepts

Packages with Multiple Procedures:

Package	Procedures
Hysterectomy	Abdominal Hysterectomy
	Abdominal Hysterectomy + Salpingo-oophorectomy
	Non descent vaginal hysterectomy
	Vaginal hysterectomy with anterior and posterior colpoperineorrhaphy
	Laparoscopic hysterectomy (TLH)
	Laparoscopically assisted vaginal hysterectomy (LAVH)

Annex – 2

Examples of New Concepts

Stratified Procedures:

<i>Stratification Criteria</i>	<i>Procedure</i>	<i>Stratification</i>
Type of Anesthesia	Incision & Drainage of Abscess	Local Anesthesia / General Anesthesia
Etiology	Pulmonary Resection	Infective / Non-infective
Numbers	Excision of Cervical Ribs	Unilateral / Bilateral
Type of Ward	Medical Procedures	Routine Ward / High Dependency Unit / ICU without Ventilator / ICU with Ventilator

Annex – 2

Examples of New Concepts

Price – Static:

Procedure Name	Procedure Price	Implant / High End Consumables Price	Price - Static
ASD Device Closure	36,900	62,000	98,900

Price – Dynamic:

Procedure Name	Procedure Price	Implant Price	Maximum Permissible Multiplier	No. of Implants Used	Price - Dynamic
PTCA, inclusive of diagnostic angiogram	40,600	31,600	3	1	72,200
				2	1,03,800
				3	1,35,400
				4	1,35,400

Annex – 2

Examples of New Concepts

Add – On Packages:

<i>Specialty</i>	<i>Procedure</i>	<i>Can be booked with</i>
Plastic & Reconstructive Surgery	Negative Pressure Wound Therapy	Procedures of Plastic & Reconstructive Surgery
Orthopedics	Tension Band Wiring	Open Reduction Internal Fixation (ORIF)
General Medicine	High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging)	General Medicine and Pediatric Medical Management Packages
CTVS	Re-do sternotomy	CABG, Valve Surgery, Congenital Heart disease surgery

Annex – 2

Examples of New Concepts

Stand Alone Procedures:

<i>Specialty</i>	<i>Procedure</i>
General Surgery, Pediatric Surgery	Exploratory Laparotomy
Obstetrics & Gynecology	Laparoscopic Adhesiolysis

Annex – 2

Examples of New Concepts

Follow Up Procedures:

<i>Specialty</i>	<i>Primary Procedure</i>	<i>Follow - Up Procedure</i>
General Surgery	Ileostomy / Colostomy	Stoma Management and then Closure of Stoma
Urology	DJ stenting including cystoscopy, catheterization, pyelogram ureteric retrograde	DJ Stent Removal
Ophthalmology	Corneal Grafting	Corneal Graft Follow Up Package
Orthopedics	Fracture Femur	Implant Removal under LA

Annex – 3

IT integration Template

Template for IT Integration:

1. Specialty
2. Specialty Code HBP 2.0
3. Package Code HBP 1.0
4. Package Code HBP 2.0
5. Package Name
6. Multiple Procedures
7. Procedure Code
8. Procedure Name
9. Price Static
10. Price Dynamic
11. Stratification Criteria
12. Implants / High End Consumables
13. Can more than one type of Implants / High End Consumables be booked
14. ICHI / ICD Coding
15. Special Conditions
16. Reservation Public Hospitals
17. Reservation Tertiary Hospitals
18. Level of Care
19. Length of Stay
20. Auto Approval
21. Mandatory Documents for Pre – Authorization
22. Mandatory Documents for Claim Processing
23. Procedure Label
24. Pop – UP
25. Special Conditions - Details